

**CRIMINAL BACKGROUND CHECK**

**AUTHORIZATION FORM**

**PILGRIM MINISTRIES**

**TO BE COMPLETED BY APPLICANT/RESIDENT**

**PLEASE PRINT ALL REQUESTED INFORMATION**

**Name:** \_\_\_\_\_  
Last First Middle

**Other Names Used:** \_\_\_\_\_

**Current/Last Address:** \_\_\_\_\_

**City/State/ZIP Code:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date of Birth\*:** \_\_\_\_\_

Pilgrim Ministries is requesting your social security number (SSN) in order to expedite this check with the DIRECT SCREENING.COM Company. Your SSN will not be disclosed to anyone outside Pilgrim Ministries except as mandated by law.

**Driver's License #:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

In connection with your application/residency to/at Pilgrim Ministries, I hereby authorize Direct Screening.com to conduct a background check on me for Pilgrim Ministries. I understand that this security check will cover information such as criminal history, sexual offenses, and pending charges of a criminal or sexual nature. I hereby release Pilgrim Ministries, its employees, trustees, and Direct Screening.com from all liability resulting from the furnishing of this information to Pilgrim Ministries. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration for entrance into Pilgrim Ministries, or could result in disciplinary action up to, and including dismissal from Pilgrim Ministries.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

At your request you are entitle to be informed, review, and receive a copy of the information Pilgrim Ministries collects about you. The information that Pilgrim Ministries collects will be retained and maintained by Pilgrim Ministries until such time of disposal to be determined by Pilgrim Ministries.

\*DOB is being requested in order to obtain accurate retrieval of records